



## PROBLEMS AND CONDUCT ADOPTED BY PUERPERAE DURING LACTATION

### PROBLEMAS E CONDUTAS ADOTADAS POR PUÉRPERAS DURANTE A LACTAÇÃO

### PROBLEMAS Y CONDUCTA ADOPTADAS POR LAS MADRES DURANTE LA LACTANCIA

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#### ABSTRACT

**Objective:** to learn about the problems and adopted conducts by a group of puerperae during the period of lactation. **Method:** this was a descriptive study with a qualitative approach and assumptions of a participant research. The data were produced through interviews with puerperae and analyzed by the Content Analysis on Thematic modality technique. The research project was approved by the Research Ethics Committee under Protocol 030.2011. **Results:** complains of little milk production, insufficient or weak milk, pain during breastfeeding, breast cracks/fissures, and mammary engorgement were identified as lactation problems; maternal anxiety and the crying of the child were considered aspects interfering with breastfeeding. **Conclusion:** most of the problems during lactation and breastfeeding were associated with inadequate positioning and takes. Guidelines offered by relatives demonstrated to be more updated than those from professionals. **Descriptors:** Post-Partum Period; Breastfeeding; Postnatal Care; Nursing.

#### RESUMO

**Objetivo:** conhecer os problemas e as condutas adotadas por um grupo de puérperas durante o período de lactação. **Método:** estudo descritivo, de abordagem qualitativa, com pressupostos da pesquisa participante. Os dados foram produzidos por meio de entrevista com puérperas e analisados pela Técnica de Análise temática de conteúdo. A pesquisa teve aprovado o projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo 030.2011. **Resultados:** verificou-se como problemas na lactação a queixa de pouco leite, leite insuficiente ou fraco, dor à amamentação, fissuras/rachaduras e ingurgitamento mamário; ainda considerou-se a ansiedade materna e o choro da criança como aspectos que interferem na amamentação. **Conclusão:** a maior parte dos problemas na lactação e amamentação estava associada ao posicionamento e pega inadequados. As orientações dos familiares demonstraram estar mais atualizadas do que as orientações dos profissionais. **Descritores:** Período Pós-Parto; Aleitamento Materno; Cuidado Pós-Natal; Enfermagem.

#### RESUMEN

**Objetivo:** aprender sobre los problemas y la conducta adoptada por un grupo de madres recientes durante el período de lactancia. **Método:** estudio descriptivo de enfoque cualitativo, con las suposiciones de investigación participante. Los datos fueron producidos a través de entrevista a las madres recientes y analizados mediante la técnica del análisis temática de contenido. El proyecto de investigación fue aprobado por la Comisión de Ética de Investigación, protocolo 030.2011. **Resultados:** fue encontrado como problemas de la lactancia el poco de leche, leche insuficiente o débil, dolor a la lactancia materna, grietas, y ingurgitación mamaria; todavía se considera la ansiedad materna y el llanto del niño como aspectos que interfieren con la lactancia. **Conclusión:** más de los problemas de la lactancia y la lactancia materna se asoció con posicionamiento y toma inadecuada. Las directrices de los parientes demostraron ser más actualizada que la orientación de profesionales. **Descriptores:** Periodo Post-Parto; Lactancia materna; Atención Post Navidad; Enfermería.

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INTRODUCTION

Breastfeeding began to be encouraged worldwide in the decade of 1980 from the recognition of the multiple advantages offered by breast milk to maternal's and child's health.<sup>1</sup> Despite the unquestionable and arguably recognized benefits related to this practice, it is still possible to recognize situations that interfere with its adherence and maintenance namely: the lack of information by the puerpera, family members, and even health professionals; maternal insecurity; use of pacifiers, nozzles, water, teas, and artificial formulas; professional lack of preparation before breastfeeding problems; media propaganda about industrialized milk; and lack of professional support to women and their family members in the confrontation of problems arising from breastfeeding among others.<sup>2</sup>

It is acknowledged that, although it consists of a natural act, breastfeeding is not an instinctive practice because it requires teaching and learning in addition to family and professional support and information.<sup>2-3</sup> Therefore, there are many aspects that may become problems during breastfeeding and reasons for an early discontinuation.<sup>4</sup>

This study is justified by the fact that the understanding of problems that pervade the act of breastfeeding, which may lead to its discontinuation, can better direct the care provided, ensuring breastfeeding as a pleasurable practice for the trinomial woman-child-family.<sup>4</sup> In this regard, this study aims to:

- Learn about the problems and adopted conducts by puerperae during the period of lactation.

MÉTHOD

This was a descriptive study with a qualitative approach<sup>5</sup> and assumptions of a participant research developed in one municipality of the western border of Rio Grande do Sul, Brazil. The participant group included 21 puerperae in exclusive or complement breastfeeding, aged over 18 years; the number of subjects was defined by the data saturation criterion.

The data were produced through recorded interviews according to a semi-structured script conducted in the puerperae's domiciles between April and September of 2012. The data were analyzed through the Content Analysis on Thematic modality technique <sup>5</sup>, which identified the category << **Problems**

and adopted conducts by puerperae during lactation >>.

In order to preserve the anonymity of participants, an alpha numeric system was used with the letter "E" for the identification of interviewees. The data collection started after project approval by the Committee of Ethics in Research (CEP) from the Federal University of Pampa (UNIPAMPA) in August 2011, under the registration number UNIPAMPA/CEP 030.2011.

RESULTS AND DISCUSSION

The participants reported several problems facing the beginning and maintenance of breastfeeding during the interviews. To face them, they sought assistance from friends, neighbors, mothers-in-law, sisters, grandmothers, mothers, and health professionals. In an attempt to assist, these subjects suggested a number of alternatives for the solution of the problems identified.

The first identified problem and most prevalent among the participants was anxiety that, in some situations, was associated with insecurity. The literature presents anxiety as a common feeling among puerperae, especially in the first week after delivery, as the result of adaptations that motherhood brings.<sup>6</sup>

Anxiety can interfere with breastfeeding by affecting the release of oxytocin, the hormone responsible for the milk ejection reflex.<sup>7</sup> By identifying this problem during the interviews, puerperae were guided and encouraged to develop skin-to-skin contact and breastfeeding, understanding that these practices trigger the release of oxytocin assisting thereby in reducing anxiety and insecurity.

When those feelings are identified, they were commonly accompanied by difficulties in breastfeeding management presented through reports of lack of milk and little or insufficient milk (hypogalactia) elucidated in the speeches from thirteen participants (E1, E2, E3, E4, E5, E6, E7, E9, E10, E11, E16, E20, and E21). Therefore, aspects related to milk production were perceived by them as a problem that deserved attention and resolution. Thus, among the interviewed, E1 stated that in the face of insufficient milk production she sought a neighbor.

*A neighbor said that I had to apply a compress with warm water and should also eat milk and oatmeal. (E1)*

In relation to guidelines, it is known that the use of warm water compresses habitually used to increase milk production has no direct

relationship with milk production as well as breast massages and warm baths. In fact, they consist of cultural practices, passed on between generations,<sup>8</sup> demonstrating that breastfeeding is influenced by culture, beliefs, and taboos in the context in which the puerperal is inserted.

In this study, the guidance of intake of food and/or beverages to increase milk production was identified as culturally common because such guidelines were also verified in testimonials from other puerperae.

*My cousin said that to have more milk, I should drink a lot of juice and milk with oats. (E4)*

The same guidance was passed on to E6 participant by a nutritionist and some relatives. Other participants reported the guidance of other food intake and/or drinks.

*My grandmother told me that when women have little milk it is good to eat alfalfa. (E16)*

*The doctor told me to drink chimarrão (a type of tea). (E20)*

It is highlighted that families are not aware of why they orient different liquids consumption. However, it is considered that these guidelines are often due to the fact that people are not used to ingesting pure water, and therefore, they ingest flavored drinks. It still should be noted that these liquids can be ingested and contribute to the production of milk but do not replace the intake of pure water. In this same perspective, participant E9 was also guided on the intake of liquids, however, the food or drink that she should ingest was not determined.

*They [relatives] are always saying that I have to take better care of my eating. (E9)*

These findings correlate to those in a similar study in which the proper nutrition for women was also related to their milk production.<sup>9</sup> Thus, one realizes that for puerperae, and subjects in their support network, liquids (milk, juice, and tea among others), food, and even some herbs act as lactogogos, namely, resources or substances capable of increasing the secretion of breast milk acting in a psychological level increasing self-confidence in the process of breastfeeding.<sup>10-11</sup>

There is still no scientific proof about the influence of these on increasing milk production.<sup>10-11</sup> Yet, the guidance regarding the use of lactogogues continues to come from family and community members and even health-care professionals, as seen in this study and in other studies found in the literature.<sup>8</sup>

What is known for certain is that women feel thirsty while breastfeeding, especially in

the early days, because of great water loss through milk production. Therefore, it is necessary that the woman always have any liquid available during breastfeeding to promote proper water replacement.<sup>12</sup>

Different from other participants, E5 received guidance on the complaint of production of little milk.

*I said I had little milk and the pediatrician said that I was supposed to give him [son] boiled water and oats in the bottle at every three hours, and breastfeed in the intervals. (E5)*

As for the consumption of boiled water, besides the emphasis on proper conditions of hygiene, it is unnecessary to the newborn (RN) who is being breastfed because breast milk contains sufficient quantity of water for the baby's needs.<sup>13</sup>

In relation to the introduction of milk with oats to the child's diet, it is known that oatmeal is laxative and can interfere with the intestinal transit in the RN. Cow's milk, in turn, is not appropriate for the RN because it contains an excess of proteins and minerals leading to difficult digestion.<sup>12</sup> Furthermore, cow's milk does not have the same nutritional immunological values found in breast milk, it is insufficient in water, vitamin A and C, iron, and essential fatty acids.<sup>14</sup>

The consumption of this and other milks, as well as infant formulas, does not confer any benefit to the health of RNs because their bodies are not developed enough to receive foods other than breast milk during this period.<sup>12</sup> Thus, the gradual introduction of foods to their diet after six months of life is advised.<sup>14</sup>

The early practice of offering other milks and infant formulas still prevails and was identified in the statements from another woman in this study.

*My mother-in-law and my friend told me that in addition to breast milk I should give her [daughter] cow milk. (E2)*

The same orientation was passed on to E11 by the sister and a neighbor and to E21 by the pediatrician who also indicated baby food and juice consumption for the RN. The grandmother of E20 suggested giving tea in addition to cow's milk to the RN.

From this information, those who guided the replacement or supplementation of breast milk with other milks and/or food represent an aspect to be highlighted. As identified, grandparents did not appear significantly in testimonials of participants as those giving incentives towards the introduction of other foods and liquids before six months of age,

unlike pediatricians, which was evidenced in more than one speech.

It appears that, currently, grandparents better understand the importance of exclusive breastfeeding during the first six months of the baby's life and are encourage such practice in the family context, different from other studies found in the literature, which identified otherwise.<sup>15</sup>

Among the participants advised to introduce early other foods and liquids, the lack of information could be considered as a factor that predisposed them to this conduct. Therefore, it is understood that the broader the women's knowledge and their family network, the lesser will be the chances of introducing supplements and/or discontinuing breastfeeding early.

It is important to point out that a similar study found that even after receiving appropriate information, women do not follow them and continue believing and valuing family beliefs.<sup>14</sup> Therefore, it is essential that health professionals acknowledge that breastfeeding is directly influenced by the family network<sup>3</sup> and consider this when planning activities for health education by involving relatives.

Another problem reported by the interviewees was the complaint expressed by E3, which referred to the delay in milk descent in the first few days after birth, which worried her and led her to seek third-party assistance.

*I talked to mom, sister and also some friends ... they said to apply a hot compress on the breasts. I was not sure about this, huh? So, I went to the pediatrician and he told me to breastfeed at every couple of hours. (E3)*

The descent of milk (or milk letdown) is known to start between two to three days after delivery, from the reduction in serum levels of estrogen and progesterone in the maternal circulation, if there is proper suction by the RN.<sup>7,16-17</sup> In this stage, the orientation of health professional about the characteristics of the milk according to the stage of lactation is imperative, so that there will be no misinterpretations about the existence of weak or insufficient milk, which would determine the need for some kind of complementation.<sup>16</sup>

This guidance is essential because the speeches showed that some puerperae compared their milk production with that of other women in the same community who, for the most part, were experiencing different periods of lactation. Therefore, such comparisons can generate mistrust about the

possibility of not producing adequate milk for the baby.<sup>16</sup>

Another aspect related to the milk letdown to be highlighted concerns the fact that, in the municipality where this study was developed, breastfeeding within the first hour of life (at which time the baby is more active and prone to suck inducing the initiation of breastfeeding)<sup>18</sup> is not a conduct stimulated by health professionals. Thus, breastfeeding is postponed to the second period of baby reactivity causing difficulties at the beginning of the lactation process and maternal anxiety and insecurity.

With many difficulties in establishing breastfeeding and with little knowledge, puerperae in this study experienced many difficulties during this process. Before this, one realizes the importance of professional support and guidance to ensure that women do not lose confidence in themselves becoming susceptible to the pressure from relatives and acquaintances to weaning.<sup>19</sup>

About the orientation for breastfeeding at every two hours, it is known that scheduled breastfeeding can artificially drive the baby's search for feeding inhibiting milk production.<sup>16</sup> In addition, generally, children do not adapt to a rigid feeding scheme as to when or the amount of food intake; this guidance is only appropriate to re-establish the supply of milk when milk production is reduced.<sup>17</sup> Therefore, it is recommended that the RN is breastfed without schedule restrictions or time at the breast.<sup>13</sup>

Another problem evidenced in the testimonies was the RN's cry as an aspect that led the puerpera to interrupt breastfeeding early due to the belief that the cry was associated with hunger.

*He cried a lot and I thought it was hunger because my milk was little, then I stopped breastfeeding ... I couldn't leave him hungry. (E6)*

Culturally, the cry has always been associated with hunger. Therefore, it is invariably considered a parameter to determine whether the child is being well fed or not. More than that, the crying can resonate in anxiety and sense of internal fault on women, which tend to blame themselves believing that the RN cries of hunger because their milk is insufficient.<sup>20</sup>

The crying of a child is a determinant for complementary feeding before six months of life and by the early interruption of breastfeeding in an attempt to silence the baby and provide greater tranquility to the woman.<sup>14,16,20</sup>

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Independent of the occurrence of crying or not, in general, the belief that they did not have enough milk to meet the metabolic demands of the baby was what motivated women in this study to introduce other liquids and foods in the RN's diet in addition to the influence of their social support network; yet, they were backed and supported by health professionals and/or family members for taking such decisions.

*The nutritionist said that the baby was well, he was gaining weight and that I should keep feeding him with what I was already feeding him. (E6)*

The belief of weak, little, or insufficient milk has been the main explanatory cultural construction for early weaning, being socially accepted and passed between generations as a reason for the lack of success with breastfeeding.<sup>21-22</sup> However, complains of little milk or insufficient milk is often a misguided perception of women, fueled by insecurity, anxiety, and stress as to their ability to satisfactorily nourish the baby.<sup>16</sup>

It is imperative that health professionals use approaches that consider the puerperae's feelings, desires, emotions, anxieties, and perceptions, paying attention to their complaints and identifying if there really is hypogalactia or if there are other influences permeating the breastfeeding process.<sup>16,22</sup>

The participants (E2, E3, E12, E13, E14, E15, E17, E18, and E19) still complained of pain while breastfeeding. This complaint was also expressed by participants of another study in which among the main reasons attributed to the pain were incorrect take and the mother's inappropriate position during breastfeeding.<sup>6</sup> In the present study, the pain during breastfeeding was due to these same reasons but also as a result of breast engorgement.

The interest in identifying the presence or absence of pain during breastfeeding is justified by the fact that it has the potential to hinder the exchange of affection and tenderness between the binomial contributing to extreme discomfort and frustration in women as well as early interruption in breastfeeding. Therefore, we sought to identify this issue and recognize the procedures that were used by women to overcome these issues.

*I went to the doctor and he prescribed me an ointment. (E2)*

*He said [doctor] that I just needed to use an ointment on the breast. (E3)*

*My cousin said massaging the breast could make the pain go away. (E13)*

*My mother said that when she had pain in the breast she massage it and the pain passed ... that's what I did. (E18)*

*My mother told me to take a hot water shower and let the water run over the breast. (E14)*

*My aunt said that it was good to empty the breast after the baby was fed. (E19)*

*My mother-in-law told me that when I start feeling pain I have to transfer the baby to the other breast. (E17)*

*I feel pain sometimes but I don't do anything ... not sure if there is something to be done. (E12)*

*I don't do anything. (E15)*

With regard to the use of ointments, it is known that these are not recommended the same for tinctures or sprays; besides not being useful for breast pain they need to be removed before the feeding. In addition, they may remove natural protective elements of the skin in the nipple favoring the occurrence of cracks, fissures, and infections.<sup>16</sup>

Massages are recommended on the occurrence of pain due to breast engorgement because they soften the breasts.<sup>13</sup> The recommendation to wash the breast with hot water in the case of pain was not found in the literature. Therefore, the best guidance is switching breasts while breastfeeding to minimize the pressure on the sore spots or damaged tissue and properly position the baby on the breast.<sup>13,16</sup>

Another conduct that may reduce pain, when breastfeeding needs to be stopped, is the introduction of the index finger or small finger in the corner of the baby's mouth to undo the negative pressure that is established and thus ward off the nipple and areola from the mouth without causing pain.<sup>13</sup> When questioned about the knowledge of this technique, all participants stated not knowing it.

Cracks are also associated with the onset of pain as verified among some participants.

*I searched the nurse because of these cracks and she told me that I should apply my milk on them because only it would heal them. (E1)*

*My aunt said that we just apply the breast milk to heal these cracks. (E19)*

*I showed the cracks to the doctor and he gave me an ointment to treat them. (E21)*

*I didn't apply anything ... kept giving the breast to the baby. (E4)*

*My friend showed me an oil to apply. (E9)*

*My sister and some neighbors told me to apply honey and sunbathe. (E11)*

*My mother said that I should just sunbathe. (E12)*



*I was told [mother, grandmother, and mother-in-law] to apply cream and sunbathe ... also said the baby's saliva helps to heal them. (E20)*

The cracks consist of superficial cuts in the skin in the areolomamilar region affecting the epidermis and that when reaching the dermis are called fissures.<sup>16</sup> They generally constitute a major problem for the maintenance of breastfeeding because they can cause fear and distress due to intense pain and immense discomfort to breastfeed leading to early weaning.<sup>15</sup>

On the guidelines passed on to women, it is known that breast milk helps in the treatment of fissures and cracks. The use of creams, ointments, sprays and soaps, unlike breast milk, should be avoided because these can dry out the breast and their benefits have not been proven.<sup>16</sup>

Another alternative is the use of oils, which form a protective layer that prevents dehydration of the deeper layers of the epidermis.<sup>23</sup> Studies indicating the use of honey associated with sun exposure and the use of the child's saliva in the fissures were not found in the literature. However, only sun exposure without applying creams or other substances is a proven dry treatment for mamillary fissures as well as light baths and the use of a hairdryer.<sup>23</sup>

Another problem that occurred during the lactation process, even if less common, was breast engorgement, which generally results from the limitation on the frequency and duration of breastfeeding as well as inappropriate take, tight bra, late breastfeeding start, use of nozzles and bottles, not emptying the leftover milk, nipple cracks, premature RN, and breast fall on its bottom.<sup>16</sup> Thus, in the occurrence of this problem, the puerperae adopted some procedures.

*I looked for the nurse and she told me to apply a hot compress on the breast. (E8)*

*My mother and aunt told me to empty the breast, but to no avail, I had to go to the hospital. There, they helped me and the doctor gave me some medicine. (E9)*

*My breast was hardened and I had to go to the hospital. (E17)*

*I used a breast pump. (E15)*

*I went to the hospital milk bank to withdraw some of the milk. (E16)*

The literature indicates that the use of warm compresses may ease milk ejection. However, the thorough and individualized use of this technique is necessary because it can lead to burns on the breast skin and, moreover, it entails vasodilation, which leads

to the false impression that the problem was solved, when in fact, it can result in worsening the situation.<sup>24</sup> Therefore, in treating breast engorgement, we recommend emptying the breast through breastfeeding, the use of manual or electric pump, breastfeeding on demand, delicate massages, and cold compresses among others.<sup>13</sup>

Finally, during the interviews, one of the participants mentioned that she was on maternity leave and soon would return to work. In this context, the return to work often shows itself as an obstacle to breastfeeding, hindering it and/or preventing it, or even representing the main cause for the early introduction of complementary foods in the child's diet.<sup>14,21</sup>

The participants in the study represented mostly low income communities. In these circumstances, a woman is usually forced to stop breastfeeding because she needs to ensure her survival, the child's survival, or the survival of the whole family. In addition, aside from the labor activity, there is still the difficulty in reconciling different functions (woman, wife, mother, nurturer, and worker among others), their expectations, and those of others.<sup>25</sup>

The required adaptations and reorganizations generate a series of uncertainties in the woman's life during motherhood; she feels forced to return to work or quit her job to continue breastfeeding.<sup>25</sup>

It is crucial that health professionals identify women who have labor activities and discuss the strategies to be taken at the time of return to these activities, underlining the possibility of milking beforehand, conservation, and storage of breast milk at home. Thus, it is highlighted that there is still great lack of knowledge on the part of health professionals about the management of breastfeeding by working mothers particularly in regards to milk drawing techniques, conservation, storage, and ways to offer it to the child. Therefore, the need for training these professionals to assist in the maintenance of breastfeeding is emphasized.<sup>26</sup>

FINAL REMARKS

In this study, it was found that most of the problems on lactation were due to inadequate positioning and takes. The identification of these was possible by considering the accounts of the puerperae and feeding observations, which were very useful strategies enabling active and direct guidance

through supporting interventions in the prevention or recurrence of breast problems. Moreover, these can be considered as an integral part of the health care for puerperae and RNs. Therefore, the observation of breastfeeding and listening attentively to the complaints of puerperae and their network of support offer the healthcare professional subsidies about risks of premature breastfeeding interruption.

The problems identified and misguided involved conducts stood out, mainly the lack of information and influence from the support network to puerperae. This network included health professionals, which at various times were identified as subjects who provided outdated guidelines and may have favored the interruption of breastfeeding or the early use of other food supplementation. At the same time, many statements showed that the knowledge of family and friends were scientifically more updated and sustained than the technical knowledge of health professionals.

The study allowed the construction, deconstruction, and reconstruction of the assigned meanings mostly to the role of grandparents in the process of breastfeeding because it was believed that grandparents only interfered negatively on breastfeeding. However, it was observed that the grandparents often were those who mostly acted in promoting, protecting, and supporting this practice. Health professionals, at certain times, developed actions that were less than expected demonstrating the need for increased training and awareness on the part of these. This finding reaffirms the need to include family members and other subjects in the puerpera's network in nursing advice sessions to ensure that practices that are considered harmful to the child do not continue to be disseminated to new generations.

When working with puerperae, their family members, and other subjects of their social network, it was possible to experience the daily life of the practice of breastfeeding in these spaces, sharing knowledge with them. Thus, it was possible to assist puerperae who presented difficulties in breastfeeding and work on aspects that were (or could be) detrimental to the practice.

We emphasize the need for greater training of health professionals who work with puerperae in the process of breastfeeding to act as defenders of this practice and not as precursors or facilitators of early weaning, guiding and mediating the introduction of

fruit, baby food, juices, and water in the child's diet.

Groups of pregnant women, prenatal consultations, and home visits are potential spaces for the promotion of breastfeeding within the community in which the professional can emphasize the importance of this practice, techniques of breastfeeding, main breast problems, and myths and taboos surrounding this process. In addition, women can share their experiences and clarify doubts in these spaces favoring the exchange of knowledge and development of a more humanized and qualified care, which values the context of women's lives and their families.

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